



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR FUNERAL ESTABLISHMENT PERMIT
INSTRUCTIONS**

When to Apply

A valid Funeral Establishment Permit issued by the Board of Funeral Services is required to open or operate a funeral establishment in Delaware. This permit is *in addition to* any business license issued by the Division of Revenue.

Use this form and instructions to file an application for a(n):

- Initial permit for a new Funeral Establishment
- New permit for a previously licensed Funeral Establishment that is relocating
- New permit for a previously licensed Funeral Establishment that has changed ownership

Requirements

- ☐ Submit a completed, signed and notarized [Application for Funeral Establishment Permit](#).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Enclose a copy of your Delaware Division of Revenue business license for the establishment.

Reporting Changes

File a new [Application for Funeral Establishment Permit](#) when either of the following events occurs:

- The ownership of previously licensed funeral establishment changes (even if name remains the same).
- A Funeral Establishment that was previously licensed moves to a new location.

File a [Funeral Establishment Permit Change Request](#) form to report the following events when neither of the events that requires a new application has also occurred. No fee is required.

- The Funeral Establishment's name, *not its ownership*, changes.
- The managing Funeral Director of the Funeral Establishment changes.



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APPLICATION FOR FUNERAL ESTABLISHMENT PERMIT

TYPE OF APPLICATION

1. Check the reason you are filing this application:

- ☐ Initial Application for New Establishment
- ☐ Ownership Change – Permit Number where change occurring: **K2-**_____
- ☐ Relocation – Permit Number where change occurring: **K2-**_____

CONTACT AND LOCATION INFORMATION

2. Name of Funeral Establishment (as it should appear on permit): _____

If you checked Ownership Change in Question 1, is this a new name? Yes ☐ No ☐ If yes, enter **former** name:

3. **Location Address:** _____

Street (No PO Boxes)

_____ **Delaware** _____
City State Zip

If you checked Relocation in Question 1, enter **former** location: _____

Street (No PO Boxes)

_____ **Delaware** _____
City State Zip

4. Phone: _____ Email: _____ None ☐

5. **Mailing Address** (if different from physical location): _____

_____ City State Zip

MANAGEMENT/OWNERSHIP INFORMATION

6. Enter the following information about the **Manager** of this Funeral Establishment:

Name _____ Delaware Funeral Director License # : **K1-**_____

Is the manager's license displayed in any other Delaware Funeral Establishment? Yes ☐ No ☐

Primary Residence: _____

Street

_____ City State Zip

Phone: _____ Email: _____ None ☐

7. Enter the following information about the **Owner** of this Funeral Establishment:

Name: _____ Is the owner a corporation? Yes ☐ No ☐

Address: _____
Street

City State Zip

If you checked *Ownership Change* in Question 1, enter **former** owner's name: _____

8. Enter the following information about the **Landowner** where this Funeral Establishment is located:

Name: _____ Is the landowner a corporation? Yes ☐ No ☐

Address: _____
Street

City State Zip

9. If the establishment owner (Question 7) or landowner (Question 8) is a corporation, complete the following:

	ESTABLISHMENT OWNER	LANDOWNER
State of Incorporation		
Names and Titles of Corporate Officers		

INFORMATION ABOUT PREMISES

10. Is the property on which the establishment is located properly zoned by the local zoning authority? Yes ☐ No ☐

11. Has the funeral establishment acquired all the appropriate business licenses issued by the State Division of Revenue? Yes ☐ No ☐

Submit a copy of the Division of Revenue business license for the establishment.

12. When will the establishment begin operation? _____ (month/day/year)

13. Does the building contain an area for the convenience of the bereaved for viewing and other services? Yes ☐ No ☐

14. Does the building contain an office or other place in which business matters associated with funeral services are conducted? Yes ☐ No ☐

15. Does the building contain a locked preparation room? Yes ☐ No ☐ If yes, continue with Question 16. If no, skip to the **AFFIDAVIT**.

16. Check whether or not the preparation room at the location in Question 3 has each of the following:

Embalming machine and table	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aspirator	Yes <input type="checkbox"/> No <input type="checkbox"/>
Embalming instruments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Embalming fluids	Yes <input type="checkbox"/> No <input type="checkbox"/>
Operating drainage system	Yes <input type="checkbox"/> No <input type="checkbox"/>
Operating ventilation system	Yes <input type="checkbox"/> No <input type="checkbox"/>
Syringes, needles and surgical supplies	Yes <input type="checkbox"/> No <input type="checkbox"/>

To ensure consideration of your application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not *complete* within 12 months of filing may be considered abandoned and discarded. When your application is *complete*, please allow 4-8 weeks to receive your permit.

AFFIDAVIT

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signs this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

Signature of Applicant: _____ Date: _____

State of _____ County or City of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____

Notary Signature: _____

SEAL

My commission expires _____

***APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE
REQUIRED FEE WILL BE REJECTED.***